Name (Print / Type) Address (Street, City, & Zip) Res. LP USAV Telephone Jersey **Shirt Size** Date

Winter Volleyball league

Additional Players Information

Lower Paxton Township
Parks & Recreation

2011—2012 WINTER LEAGUE

Registration Begins
September 6—16, 2011
At The
Friendship Center
Monday—Friday
From 8 a.m.—5p.m.



Contact Rachelle Scott
717-657-5635 (123)
rscott@lowerpaxton-pa.gov

Information

Team Schedule / Make Up:

- * Men's A/AA—Monday Nights
- * Women's B/BB—Tuesday Nights Overflow Games—Wednesday Nights
- * Women's A/AA—Thursday Nights
- * If more than 9 teams are in a division each team may have to play matches on Wednesday evenings and/or on any available day designated by Lower Paxton Township Parks & Recreation.

Dates / Location: Play begins in late October and continues through April. Winter season is 18 matches. Playoffs will follow regular season. Held at Dauphin County Technical School (DCTS) 6001 Locust Lane.

Fees: \$530/ team (residents) & \$570 / team (non-residents) - 50% of the team must reside in LPT to receive the resident rate or sponsor is located in Lower Paxton Township.

Payment / Method: Registration forms must be completed and accompanied with full payment. Check/Cash/Visa/Master Card

Players: All team entries MUST have a minimum of 10 players (no maximum).

Rules: Additional league rules will be available upon registration or upon request.

** Every effort is made to have each team play every week with a possible exception of divisions

Men's A / AA—Monday Nights

Women's B/BB—Tuesday Nights

Women's A/AA—Thursday Nights

*If more than 9 teams are in a division each team may have to play matches on Wed. evenings and /or other available time slots.

LOWER PAXTON PARKS & RECREATION

5000 Commons Drive, Harrisburg, PA 17112 * Phone: 657-5635

2011 / 2012 Winter League VOLLEYBALL LEAGUE ROSTER & TEAM ENTRY APPLICATION

R		or NR		
_ CC _		Cash		
AA	A	BB	В	
	of			
	CC	CC	CC	

PLEASE CIRCLE ONE: Men AA, Men A, Women AA, Women A, Women BB, Women B FEE: \$530.00 Resident \$570.00 Non-Resident Return this form with payment to the Recreation Office, Mon. – Fri. ONLY, September 6-16, 2011 between the hours of 8 a.m. - 5 p.m.

TEAM NAME:			SPONSOR: R or NR				
Name (Print / Type)	Address (Street, City, & Zip)	LP Res.	USAV REG	Telephone 1. Primary 2. Secondary	Jersey No.	Shirt Size	Date Added
				1. 2.			
I hereby certify that the above infe	Commation is correct and that I have read & agree to all the ons.	rules & regulations	of the Volley	ball League. The (#1.) phone number is the	he primary number to	contact in the	event of inclem-

Captain's Signature:

* All players listed must have complete address, jersey & telephone numbers, (X) if Lower Paxton resident & last year of USVA registration, if applicable. Minimum ten (10) players on roster, no maximum.

*Email Address: